STANDARD CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS DIFFICATION OF COMMERCE DIFFICATION OF VITAL STATISTICS State File is Registrar's No Registrar's No (St. 6 lio. (or) Name of Institution) (It cutside city limits also write RUBAL) (g. City or Town. (It cutside city limits also write RUBAL) (g. City or Town. (It cutside city limits also write RUBAL) (g. City or Town. (g. Cit
1. Place of Desth: (a) County. (b) City or Town. (c) Location (St. 6h. Cor) Name of Institution (Specify whether years, months or days) (d) Length of Stay: In Hospital or Institution. (Specify whether years, months or days) (E) City or Town. (It cutside city limits also write norsel.) (d) Street No. (d) Street No. (e) City or Town. (f) Cutson of location or Country. (d) Street No. (e) City or Town. (f) Cutson of location or Country. (e) City or Town. (f) Cutson of location or Country. (e) City or Town. (f) Cutson of location or Country. (e) Social name war. (c) Social name war. (d) Social name war. (e) Social Name with country. (e) Social name war. (e) Social Name was present to security near the
(d) Length of Stay: In Hospital or Institution. In Community (Specify whether years, months or days) 2. Usual Residence of Deceased: (a) State (b) County (Houtside city limits also write NURAL) (d) Street No (City or Town (Houtside city limits also write NURAL) 3. (a) FULL NAME INFERIOR (A) Single, married, widowed or will have been dependent or will be security to the county. (c) Social Security No. 4. Sex (C) Scolar Race (c) Scolar Race (c) Single, married, widowed or will be security to the county. (c) Social Security No. 4. Sex (C) Scolar Race (c) Scolar Race (c) Single, married, widowed or will be security to the county. (c) Social Security No. 5. Color or Race (c) Scolar Race (c) Single, married, widowed or will be security to the control or will be security to the security No. 7. Birthdate of deceased (c) Little (c) Single, married, widowed or will be security to will solve the security No. 8. AGE: Years (Months) (Day) (Year) 8. AGE: Years (Months) (Day) (Year) 10. Usual Geopation (City, town or county) (State or Country) 11. Industry of Business (City, town or county) (State or Country) 12. Name (City, town or county) (State or Country) 13. Birthplace (City, town or county) (State or Country) 14. Meiden Name (City, town or country) (State or Country) 15. Birthplace (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 17. December (City, town or country) (State or Country) 18. (a) Informant's own signature (City, town or country) (State or Country) 18. (b) Address (City, town or country) (State or Country) (State or Country) 18. (c) Outre (City, town or country) (State or Count
2. Usual Residence of Deceased: (a) State (b) County. (d) Street No. 3. (a) FULL NAME INTEREST OF ALGUET NOTICES. 4. Sex 16 Miles (b) County (c) County (c) County (c) Social Security No. 4. Sex 16 Miles (c) County (c) Social Security No. 4. Sex 16 Miles (c) County (c) Social Security No. 4. Sex 16 Miles (c) County (c) Social Security No. 5. Color or Race of Miles (c) Social Security No. 7. Birthdate of deceased (c) Usit (c) 1744 (do not wise (c) Social Security No. 7. Birthdate of deceased (c) Usit (c) 1744 (do not wise (c) Social Security No. 8. AGE: Years (c) I alive yre. 9. Birthplace (City, town or county) (State or Country) 10. Usual Gecupation (City, town or county) (State or Country) 11. Industry of Business (c) Usit (c) City, town or county) (State or Country) 12. Name (City, town or county) (State or Country) 13. Birthplace (City, town or county) (State or Country) 14. Milden Name (City, town or county) (State or Country) 15. Birthplace (City, town or county) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 16. (a) Informant's own signature (City, town or country) (State or Country) 17. Miles (c) I Lob. 311 I Using
2. Usual Residence of Deceased: (a) State (b) County (c) City or Town. (d) Street No
(d) Sireel No
3. (a) FULL NAME INITY OF AISHET NOTICE (b) If Veteran name war Security No. 4. Sex I S. Color or Race of Market Security No. 4. Sex I S. Color or Race of Market Security No. 5. (b) Name of husband or will of Month or will of Month or will of Month or will of Month or will or will of Month (Day) (Year) 7. Birthdate of deceased (YULL TY) I) 1/4/((Month) (Day) (Year) 8. AGE: Years Months Days Hess then one day 11 Lines 12 Lines 12 Lines 13 Lines 14 Lines 14 Lines 14 Lines 14 Lines 14 Lines 15 Lines 14
3. (a) FULL NAME INTEREST OF ALGERIA RCT 1556 (b) It Veteran 4. Sex
4. Sex 5. Color or Race 6. (a) Single, matried, widowed Color of Race
6. (b) Name of husband or wife 6. (c) Age of husband or wife 6. (c) Age of husband or wife 6. (c) Age of husband or wife, if alive yrs. 7. Birthdate of deceased (Month) (Day) (Year) (Month) (M
6. (b) Name of husband or wife 6. (c) Age of husband or wife
7. Birthdate of deceased (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace. Yune, Interpretation (City, town or county) (State or Country) 10. Usual Gecupation. 11. industry or Business. (City, town or county) (State or Country) 11. industry or Business. (City, town or county) (State or Country) 12. Name. Time (Nor Lege City that I attended the deceased from 19. it and that I last saw h alive on. in and that death occurred on the date and hour stated above. Immediate range of death. Due to. Due to. Other conditions. (Include pregnancy within 3 months of death) Other conditions. (Include pregnancy within 3 months of death) PHYSICIAN Of autopsy. Of autopsy. Of autopsy.
7. Birthdate of deceased 19, 192 1944 8. AGE: Years Months Days Hless than one day hrs. min. min. 9. Birthplace Yune Tune Tune
8. AGE: Years Months Days It less than one day that I last saw h alive on ,19 ; and that death occurred on the date and hour stated above. Immediate rause of death. 9. Birthplace TURE TURE City, town or county) (State or Country) 10. Usual Gecupation Ture Norther City, town or county) (State or Country) 11. Industry or Business Ture Norther City, town or county) (State or Country) 12. Name Tike Norther City, town or county) (State or Country) 13. Birthplace City, town or county) (State or Country) 14. Maiden Name Zoile Alcolde (City, town or county) (State or Country) 15. Birthplace City, town or county) (State or Country) 16. (a) Informant's own signature Norther N
and that death occurred on the date and hour stated above. Duration Duration Immediate range of death Immediate range of
9. Birthplace Yume, Pume, City, town or county) (State or Country) 10. Usual Geoupation
9. Birthplace (City, town or county) (State or Country) 10. Usual Occupation 11. Industry of Business 11. Industry of Business 12. Name 11kc (Nor 1ege Due to Due to City, town or county) (State or Country) 13. Birthplace (City, town or county) (State or Country) 14. Maiden Name 2011c Alcide (Include pregnancy within 3 months of death) 15. Birthplace (City, town or county) (State or Country) 16. (a) Informant's own signature (City, town or country) 16. (b) Address 10016 1 1076 311 1 1066, 1212 316
10. Usual Gecupation 11. Industry or Business 12. Name
Due to 12. Name
Industry or Business 12. Name
Due to 13. Birthplace City, town or county (State or Country)
13. Birthplace City, town or county) (State or Country) Coher conditions City town or country City town or country
(City, town or county) (State or Country) (State or Country) (Other conditions (Include pregnancy within 3 months of death)
14. Maiden Name ZOILE AICELES (Include pregnancy within 3 months of death) 15. Birthplace (City, town or courty) 16. (a) Informant's own signature of the cause to which death should be charged to harden the cause to which death should be charged statistically
15. Birthplace (City, town or courty) (State or Country) 16. (a) Informant's own signaturable (Direction) (b) Address FORTE LONG 311 YUMB, 1712 311.
(City, town or couply) (State or Country) 16. (a) Informant's own signaturable World of autopsy. (b) Address. FOR 6 I 103: 311 YUMA, 1712 Offic. (State or Country) Of autopsy. Of autopsy. Offic. Off
16. (a) Informant's own signature of the charged statistically (b) Address. Forte I box 311 Yune, 712 one statistically
(b) Address FOOLE LEGISTITIONS, The second s
[1277] 22. If death was due to external causes, fill in the following:
17 (a) Postal Compilion of Personal A Life Edition
Yund AP LZONG
18. (a) Embalmer's Signature (County) (Where did injury occur? (City or Town) (County) (State)
(b) Funeral Director
(c) Address public place? (Specify type of place)
(Date regeived local flegistrar)
(b) 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
20M 100% Rag 8-42 B. Co. County File No. Date Received